



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number	10/755,208
Filing Date	January 12, 2004
First Named Inventor	MOZAYENI, Robert
Art Unit	3735
Examiner Name	Natnithithadha, Navin
Attorney Docket Number	05162.0004.CPUS13

### ENCLOSURES (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
|--|---|--|

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Howrey LLP		
Signature			
Printed name	Michael J. Bell		
Date	September 28, 2006	Reg. No.	39,604

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

American LegalNet, Inc.  
www.USCourtForms.com



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

MOZAYENI, *et al.*

Application No.: 10/755,208

Filed: January 12, 2004

For: **SYSTEMS AND METHODS FOR  
USING DYNAMIC VASCULAR  
ASSESSMENT TO IMPROVE  
VASCULAR STENT PLACEMENT,  
APPLICATION, DESIGN AND  
MARKETING**

Confirmation No.: 8736

Art Unit: 3735

Examiner: Natnithithadha, Navin

Atty. Docket: 05162.0004.CPUS13  
(formerly 86248-0018 CIP)

**REVOCATION OF PRIOR POWER OF ATTORNEY,  
APPOINTMENT OF NEW ATTORNEYS OF RECORD AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

New Health Sciences, Inc. is the assignee of the entire right, title and interest in the above-referenced patent application.

The undersigned, having express authority to represent the New Health Sciences, Inc., hereby revokes all powers of attorney heretofore given in the above- referenced application and appoints the attorneys associated with the Customer Number:

**22930**

Please change the correspondence address for the above-identified applications to:

Michael J. Bell  
U.S.P.T.O. Customer Number 22930  
HOWREY LLP  
Box No. 7  
2941 Fairview Park Drive  
Falls Church, Virginia 22042

Applicant: MOZAYENI, *et al.*

Appl. No. 10/755,208

Page 2 of 2

Please direct telephone calls regarding this application to Michael J. Bell at (202) 383-6500.

New Health Sciences, Inc.

Name: 

Date: 20 Sept. '06

Title: CEO